enneth	ASS	IGNMENT
From:	Date:	Veh No: SCR 52694 Yr Regn: 08, 17
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TPIWSITPR	ES / OD RES / EVA / INV / MY	Truck / Traller or
To Inspect Vehicle N	lo:	Make: Tuy Axio 14, brice 1496
at Workshop m/s	Ter	Colour 96/93 A/C: Insured / Std / NI / NA
of	320	F Sp. Reading N. Silvar T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		CNO: NK & 165. 7-144020
Claims No.	,	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inopder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: NII / S/Rim / STD A/Rim or
		Tyre Size: F: 175/65R15
(Policy Condition)		R:
Remark: The veh had commenced its N/S O/S		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the	e time of Inspection.	TOYO/YOKO or Continuated
Bal. or Market Value:	\$ 59/	Eroni Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. R mm R/Bal. mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. / mm L/Bal. / mm
Est. Repairs:	04 days Res.: Yes or No	D.O.A. 8 /10/21 D.O.I. 22/10/2021
Lum Sum: /	1. /3./% 3 Val.: Yes or No	Survey held at 15/10/2021
CA / REV / REP.	1 24 Upe	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP.	Vehicle: IN / OUT	Rea NIS
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Actio	on / Instruction	
/-		
		/
Date/Time, File Pass to?	: Prell. Report	ays Of Repair:
1)	: Final Report	esurvey No. of Trip: Survey Fee:
Oute/Time, File Return to?		Transportation
7)	Add Fee:	: Site Insp (\$)_s+Rs_s
		: Interview (\$), Farths
Report Format :		Tech Invs (\$) Others
Lump Sum / I.B.I: (S	1	Weekend (\$ /)
		TOTAL